

<b>U.S. DEPARTMENT OF HOMELAND SECURITY</b> <b>U.S. COAST GUARD</b> CG-6150 Rev. 02-09		<b>U.S. COAST GUARD PERIODIC HEALTH ASSESSMENT</b>										
Patient Name ( <i>Last, First, MI</i> )					SSN			DOB		Date		
<b>SECTION 1: VITALS</b>		_____ year old    male    female reports for an annual Periodic Health Assessment (PHA) which includes record review/verification, assessment and counseling of avoidable health risk factors, clinical preventive services (CPS) recommendations, deployment/operational health history, and individual medical readiness (IMR) assessment.										
Height ( <i>inches</i> )												
Weight ( <i>pounds</i> )												
BMI		<b>SECTION 5: HEALTHCARE PROVIDER ASSESSMENT</b>										
Temperature		1. Updated DD 2766 Sections ( <i>check</i> ):    1    2    3    4    5    6    7										
Respirations		2. Does Member smoke?    Yes    No										
Blood Pressure		3. Health Risk Assessment reviewed: Health Risk Assessment Level:    High    Medium    Low										
_____/_____ _____/_____ Treated    Untreated		4. Referred for consultation/follow-up on:    N/A    Tobacco Use    Physical Activity    ETOH Use Nutrition    Mental Health    Other:										
Pulse		5. Clinical Preventive Services recommended:    N/A    Pap    Chlamydia    Mammogram Clinical Breast Exam    Colorectal    Prostate    Cholesterol    Testicular Exam										
Vital Signs Noted		6. Referred to PCM for:    N/A    Current Medications    Chronic Medical Condition    Current Illness/Injury Fitness for Duty Issue    Weight Problem Clearance    Other:										
Remarkable for: None Other: _____ _____ _____		7. Has Member ever tested positive for TB?    Yes    No If Yes:    Asymptomatic    Symptomatic List symptoms:										
		8. Pain Level ( <i>zero pain to severe</i> ):    0    1    2    3    4    5    6    7    8    9    10 Location:										
<b>SECTION 2: IME VERIFICATION</b>		9. Any unresolved operational or deployment health issues?    Yes    No If Yes, explain:										
Prescription Lenses ( <i>two pair</i> )		10. Other health concerns? Yes    No    NA No health issues identified requiring a focused exam    Focused exam required for ( <i>document on separate SF600</i> )										
Ballistic Eyewear		<b>SECTION 6: DUTY STATUS ASSESSMENT</b>										
Yes    No    NA		On Limited Duty    Yes    No    Medical Board Pending    Yes    No    Waivers    Yes    No										
Gas Mask Inserts		Comments for Yes:										
Yes    No    NA		Additional Comments:										
Medical Alert Tags												
Yes    No    NA												
<b>SECTION 3: VISION</b>		Member informed that completion of recommended test/immunizations/screening shall be performed within the next 30 days and he/she is personally responsible for achieving/maintaining individual readiness. Member received health risk prevention/health lifestyle counseling and voiced understanding.										
Visual Acuity Corrected:		OD _____ OS _____ Binocular _____										
Visual Acuity Uncorrected:		OD _____ OS _____ Binocular _____										
		_____ Member Name ( <i>print</i> )    X    _____ Member Signature    Date										
		_____ Provider Name & Credentials ( <i>print</i> )    X    _____ * Must be performed by MD, DO, PA, NP    Provider Signature    Date										
<b>SECTION 4: AUDIO</b>		<b>ADMINISTRATIVE USE ONLY</b>										
Finger Rub Test:		1. Member readiness reviewed and updated in approved electronic data system. Member is fully medically ready and requires no follow-up at this time.    Yes    No										
Left    Pass    Fail		2. Additional Comments:										
Right    Pass    Fail												